

## Medical Correspondence Courses Answer Form

Once you have completed the answer sheet send to:

DEPARTMENT OF THE NAVY  
NAVAL SCHOOL OF HEALTH SCIENCES  
ATTN MEDICAL CORRESPONDENCE DIVISION  
1001 HOLCOMB ROAD BLDG 104  
PORTSMOUTH VA 23708-5200  
or Fax (757) 953-6956

**This is the Printable Form only.** [Please click here to submit your answers online](#)

Please Remember that all answer sheet(s) need to be sent in at the same time frame. If you have problems accomplishing this, please e-mail Medical Correspondence for some extra-time to submit your answers.

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All Fields must be completed for the form to be submitted.

**Submit Answers for this Course:**

(course name)

**Assignment Number:**

**Branch of Services:**

**Last Name:**

**First Name:**

**Middle Initial:**

**SSN:**

**Rank/Rate:**

**NEC/MOS:**

**Status:** (active, reserve,  
etc..)

**E-mail Address:**

Question	1 or True	2 or False	3	4	5	6
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